

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013187

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3349

FILED APR 6 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | Length of stay in 1b 2 1/2 weeks | |
| c. FULL NAME OF (If NOT in hospital, give location) Faith Hospital | | d. STREET ADDRESS (If outside, give location) 5765 Theodore | |
| 3. NAME OF DECEASED (Type or print) First PATRICK Middle JAMES (O'SHEA) Last SHEA | | 4. DATE OF DEATH Month March Day 28 Year 1962 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/20/1896 |
| 9. AGE (last birthday) 65 years | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Collector | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13. NAME OF HUSBAND OR WIFE Ruth Boulton Shea | |
| 14. NAME OF DECEASED Not Known | | 15. SOCIAL SECURITY NO. Mary Gannon | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes | | 17. INFORMANT Ruth Shea - 5765 Theodore Ave | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion - myocardial infarct DUE TO (b) 4-20-1962 DUE TO (c) 3-14-56 | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 3-14-62 to 3-28-62 and last saw him alive on 3-28-62 Death occurred at 8:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Jos. P. Beaman M.D. | | 22b. ADDRESS 1225-No. Grand | |
| 22c. DATE SIGNED 3-29-62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | |
| 23b. DATE March 31, 1962 | | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis | | 23e. STATE Missouri | |
| 24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave | | 25. DATE RECD. BY LOCAL REG. MAR 29 1962 | |
| 26. REGISTRAR'S SIGNATURE Earl Smith. M.D. | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Rogers C. Lindgren

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.